

Richmond Shire Council

50 Goldring Street, Richmond
PO Box 18,
Richmond QLD 4822



Telephone 07 4741 3277 Facsimile 07 4741 3308
Email enquiries@richmond.qld.gov.au
Website www.richmond.qld.gov.au

Local Government
Act 1993

Local Law
(Entertainment
Venues)

Entertainment Venues - Renewal

Application for Renewal of a Theatre or Place of Amusement Licence

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Entertainment Venue Licence - Renewal Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.

Business details

Business name BN

Company name ACN / ARBN

Street address

Locality / Suburb

State Postcode

| | | | |
|--|---|--|---|
| Enter postal address if different from street address. Real property description – refer to Rates Notice. Current Entertainment Venue Licence no. | Postal address | | |
| | Locality / Suburb | | |
| | State <input type="text"/> <input type="text"/> <input type="text"/> | | Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Email _____ | |
| | Lot no. | Reg. plan no. | Parish |
| | Licence no. | | Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Nature of entertainment to be provided | | |
| | | | |
| | | | |
| Days of operation | Hours of operation | | |
| Monday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Tuesday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Wednesday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Thursday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Friday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Saturday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Sunday | <input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm | | |
| Type of entertainment / amusement | | | |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Theatre | <input type="checkbox"/> Concert hall | |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Art gallery | <input type="checkbox"/> Electronic games centre | |
| <input type="checkbox"/> Indoor sports centre | <input type="checkbox"/> Fair ground | <input type="checkbox"/> Other (specify) _____ | |
| Capacity of venue | Seating | Standing | |
| Toilets | No. male | No. female | |

| | | | |
|--|---|--|--|
| This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form. | Owner/s consent | | |
| | Name | | |
| | Street address | | |
| | Locality / Suburb | | |
| | State <input type="text"/> <input type="text"/> <input type="text"/> | | Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Email _____ | |
| I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application. | | | |
| Signature | | Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| |
|---|
| Lodgement Please attach the following: 1. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s. Please note: This application and fee MUST be lodged with your Council. |
|---|

Office use only

| | | | |
|--------------------|---|----------------------|----------|
| Application fee | | Reg. no. | |
| Receipt code | | ID no. | |
| Authorised officer | | Inspection date | |
| Recommendation | | | |
| | | | Rec. no. |
| Date | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Account property no. | |